

**District of Columbia
Department of Health
Health Professional Licensing Administration
Board of Nursing Home Administrator**



ADDRESS ALL COMMUNICATIONS
TO THE BOARD

VERIFICATION OF TRAINING FORM

Re: _____

Dear Sir/Madam:

The person whose name appears above has applied for a license to practice as a Nursing Home Administrator in the District of Columbia. The District of Columbia Municipal Regulations, Title 17, Chapter 62 require that each applicant provide proof to the Board of Nursing Home Administration of successful completion of training. Therefore, we would appreciate your assistance in verifying this applicant's training and experience as a nursing home administrator.

In addition to completing the evaluation form, the Board requires that each supervisor provide a narrative evaluation of the applicant's performance. Please attach this written evaluation to this evaluation form. The narrative evaluations should emphasize all aspects of the practice of nursing home administration outline on page 2 and 3 of the information and instructions. Any AIT reports or other written evaluations concerning the performance of the application may be included with your narrative evaluation.

Your assistance in completing this verification is appreciated.

Please complete and return this form to:

Department of Health
Health Professional Licensing Administration
DC Board of Nursing Home Administration
717 - 14th St NW, Suite 600
Washington, DC 20005

Your prompt attention to this request will expedite consideration of the candidate's application for licensure. Thank you in advance for your cooperation.

Verification of Training Form

Applicant's Name: _____

I certify that I supervised the above named applicant from _____
month / year

to _____ who worked for a total of _____ hours each week.
month / year

I provided a total of _____ hours of general supervision* each week and a total of _____ hours of
immediate supervision* each week.

Title of Applicants position _____

Was the applicant's performance satisfactory or better? _____ yes _____ no

I certify that I provided the supervision described above and on the attached narrative evaluation of the applicant's performance and that they are both true and accurate representations of my supervision. I further certify that the applicant's work experience encompassed all aspects of the practice of nursing home administration outlined in page 3 and 4 in the attached information sheet. By certifying this information, I will be available to interpret or substantiate the information provided should the Board of Nursing Home Administration need clarification at a later date.

Name of Supervisor (print or type)

Name of Nursing Home

Signature of Supervisor

Address of Nursing Home

Supervisor's License Number

Address of Nursing Home

Supervisor's Telephone Number

Nursing Home License Number

Date

Nursing Home Telephone Number

*General Supervision: Supervision in which the supervisor is available on the premises or by communications device at the time the applicant is practicing.

*Immediate Supervision: One-to-one supervision in which the supervisor is with the applicant and either discussing or observing the applicant's practice.